

Medawar, of Columbia.

(1) PLACE OF BIRTH
County of Sabula
Township of #7
or
Inc. Town of
or
City of Wood IL
(If birth occurs in a hospital)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

91714

(2) Full Name of Child..... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth One (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 28, 1916
(Name of Month) (Day) (Year)

FATHER.	
(8) FULL NAME	Kalter Parish
(9) PRESENT POSTOFFICE OF FATHER	Hart.
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE	London ^{London}
(13) OCCUPATION	Framing
(20) Number of children born to mother, including present birth	Three

MOTHER.

(14)	NAME BEFORE MARRIAGE	<i>Eilene Stone</i>
(15)	PRESENT POSTOFFICE OF MOTHER	<i>Wood.</i>
(16)	COLOR OR RACE	<i>white</i>
(17)	AGE AT LAST BIRTHDAY	<i>26</i> (Years)
(18)	BIRTHPLACE	<i>Ligonston</i>
(19)	OCCUPATION	<i>House wife</i>
(21)	Number of children of this mother now living, including present birth	<i>three</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white, at St. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1000 1st St. N. W. Washington, D. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed Jan 1917 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.